



Illinois Department of Revenue

TP-1-X Amended Tobacco Products Tax ReturnREV 1
E S ____/____/
NS DP CA**Step 1: Identify your business**

1 IBT no. _____

Station no. 036

Do not write above this line.

2 License no. TP - _____

6 Check here if your address has changed.

3 Business name _____

7 Is this a final return? yes no
"Final" indicates you will no longer conduct business. If you checked "yes," complete the following information:4 Business address _____
Number and street I discontinued my business on _____.
 I sold my business on _____.

City _____ State _____ ZIP _____

If you checked "sold," provide the new owner's name and address:
Name: _____

5 For what month are you filing this return? _____

Month _____ Year _____

Address: _____

Step 2: Figure the wholesale price of products removed from your inventory - *Figures as they should have been reported*

8 Wholesale price of products you manufactured and then sold or otherwise disposed of during this month. 8 _____

9 Wholesale price of products you purchased and then sold or otherwise disposed of during this month. 9 _____

10 Add Lines 8 and 9. This is the total cost of all tobacco products you sold or otherwise disposed of. 10 _____

Step 3: Figure your deductions- *Figures as they should have been reported*

11 Wholesale price of tobacco products you sold in interstate commerce. 11 _____

12 Wholesale price of products you sold to someone other than a retailer or consumer. 12 _____

13 Other deductions. (Please specify.) 13 _____

14 Add Lines 11, 12, and 13. This is your total deduction. 14 _____

Step 4: Figure your payment - *Figures as they should have been reported*

15 Subtract Line 14 from Line 10. This is your tobacco products tax base. 15 _____

16 Multiply Line 15 by 18% (.18). This is your total tax. 16 _____

17 Credit you wish to apply. 17 _____

18 Subtract Line 17 from Line 16. This is your net tax due. 18 _____

19 Total amount you paid for this reporting period. 19 _____

20 If Line 19 is greater than Line 18, figure your overpayment by subtracting Line 18 from Line 19. 20 _____

21 If Line 19 is less than Line 18, figure your underpayment by subtracting Line 19 from Line 18. 21 _____

Pay this amount and make your check payable to "Illinois Department of Revenue."

Step 5: Check the reason you are filing this amended return

- I received a Notice of Possible Overpayment or made a computation error that resulted in an overpayment of tax.
 I made a computation error that resulted in underpayment of tax.
 I made an error on a schedule or attachment.
 I should have taken a deduction for _____.
 The original IBT no. was incorrect. The incorrect IBT no. is _____.
 The original reporting period was incorrect. The incorrect reporting period is _____.
 Other. Please explain. _____

Step 6: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Taxpayer's signature _____

Title _____

Date ____ / ____ / ____

(____) ____ - Telephone (Include area code)

Preparer's signature _____

Date ____ / ____ / ____

(____) ____ - Telephone (Include area code)

Step 7: Mail your return and paymentATTN TOBACCO PRODUCTS TAX
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019